

would seem to lie along two lines which can be best developed together: Imaginative use of modern communications particularly closed-circuit television, and establishment of a network of educational centers as satellites of the university-based medical school. The recently inaugurated federal program directed to heart, cancer and stroke should materially accelerate the development of such activities.

We must here pause to consider some basic educational problems. Of first importance is the fact that the individual must want further education and must be prepared to expend effort to get it if education is to be effective. Second, some importance must be placed on good teaching, which includes thoughtful preparation and personable presentation; theoretically at least the best teachers should be found in medical schools. Third, there is merit in group reception and group discussion, and emphasis should be placed on bringing physicians together in some formal fashion where the interplay of knowledge and skills can be felt, rather than relying upon television piped into the physician's home or office. Finally, there should be some method of evaluating the results of this educational effort and probably some reward implicit or explicit to the physician who expends the effort to improve himself professionally.

To be specific, and I hope practical, I would visualize a network of university-affiliated hospitals stretching across the country, each an educational institution in a small way and each in close intellectual contact with its own university medical center through closed-circuit television, exchange of professional staff including house staff, and ready availability of scarce specialty consultants. Such satellites can be established without the parent institution in any way exercising control over the affiliated hospital or interfering in any substantive way with the professional care activities in those institutions. Such affiliated hospitals might, in turn, have their own sub-affiliates.

Valuable experience has already been obtained in the use of radio and television in a number of states, notably New York, Kansas, California and Maryland, where either the state health departments or the state medical societies have sponsored continuing medical education programs. That they have had only limited success is, in my opinion, principally due to lack of a firm medical school base for the activity.

This raises an important question, which is whether in fact the medical schools are willing to undertake such programs as an integral and vital part of their educational responsibility. Naturally I cannot speak for the medical faculties of the country on this point, but it is my opinion that they should assume this obligation, provided the activity can be properly financed; although such programs will not be highly effective unless the institutions are persuaded of the importance of this phase of medical education.

Finally, what about incentives that will encourage physicians to improve their professional knowledge and skills? The thought of periodic examinations or testings is abhorrent to those of us who struggled so hard to qualify in the first place. On the other hand, it does not seem unreasonable to develop some kind of check-point in mid-career that would establish a continuing right to specialty categorization. This is an area fraught with controversial issues, but the problem will not go away by simply ignoring it. It will probably be wise to approach it as an educational problem to be dealt with in an educational context, rather than through licensing devices.

Two American organizations, the Association of American Medical Colleges and the Council on Medical Education of the American Medical Association, for over half a century have acted jointly in promoting high standards of medical education; it is to these two organizations that we should look for leadership in reemphasizing the importance of postdoctoral education.

## Whither Continuing Medical Education?

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THE ESCALATION of government's role in health care has greatly increased the efforts to establish standards of health care and standards of educational course merit. Such yardsticks are being devised in many ways: Questionnaires are being sent to physicians, to educators—at times even to patients—in an effort to find out "What is a good doctor?" As yet, the results have been unsatisfactory, but the search goes on. Similarly,

studies of postgraduate teaching techniques are now developing, to try and decide if a course is good—does the participant take any of this material to his practice?

The search for answers to these questions is motivated largely by a desire to improve patient care. If somehow a template could be designed that evaluated the performance of a physician's work, then all present and future physicians could be so tailored and periodically retailored. Similarly, all postgraduate courses could be designed to meet not only a standard of predetermined excellence, but also to reflect the actual needs and demands of physicians, as perceived both by doctors and educators alike.

The Committee on Continuing Medical Education of the California Medical Association is deeply concerned with these problems. The concern, however, reflects a desire to encourage individuality of learning by the practicing physician and to encourage regular recurring participation in educational activities by all physicians, not just a portion of them. The concern also reflects a desire that no blanket of uniformity be cast over teacher and student alike, with all fitting the same Procrustean bed.

Somewhere between the chaos and regression of self satisfied no-education and the rigidity of externally imposed standards must be a better way. To determine this, it will be necessary to obtain in a factual way the true extent of participation by practicing physicians now in their own continuing education. The California Medical Association plans to inventory courses and identify their characteristics in order that a comprehensive record may be developed to provide detailed information for the medical profession. The definition of continuing education will somehow have to be broadened to include not only organized courses and conferences of different types, but also time on teaching services, outpatient clinics and journal

clubs, to mention a few. Any time that physicians come together to discuss medical problems is an exercise in continuing education. The attending physician on a ward service, for example, is receiving postgraduate education.

When the extent of these activities is known, then the entire structure of continuing education can be approached with the goal of increasing participation in these activities to the point that it can be said truthfully that all of our physicians are engaged in learning and that they continue to be so engaged. The physician who exposes himself to and regularly participates in continuing educational exercises is the good doctor, almost by definition. An attempt to assay a physician's worth by the way he fills out a record or by the technique he uses for a particular procedure, seems inflexible, and eventually the road to perpetuation of errors and stagnation of learning.

Medical educators should be encouraged to develop their own methods and techniques of teaching and allowed the freedom to experiment with new and, hopefully, more effective teaching programs.

The next few years will see developments in California designed to allow experimentation in teaching and learning techniques. These will range from trials of automated teaching machines at regional conferences to pilot programs for in-hospital residency-type continuing education programs. This latter could well, but not necessarily, be a time of temporary separation from practice and full time devotion to learning new skills and approaches.

We, as physicians, are under the greatest pressure to keep up with new knowledge. The efforts that are being expended at present and those which will evolve in the future, will enable us to determine to what extent we are fulfilling our obligations as members of our profession, and the expectations of the patients and public we serve.

